

INSTRUCTIONS FOR THE NURSING FACILITY OWNERSHIP INFORMATION FORM

Who Must File: All Massachusetts Nursing Facilities that file an HCF-1 with the Division of Health Care Finance and Policy.

Assistance: If you need help or have any questions relevant to completing this worksheet, please contact the Help Desk at (800) 609-7232.

Where To File: Patricia McCusker, Rating Group
Division of Health Care Finance and Policy
2 Boylston Street
Boston, MA 02116

Please type or print legibly the required information on the designated lines of this form, unless otherwise noted.

I. Facility Information:

Facility Phone and Fax Numbers: The main nursing facility phone and fax numbers.

Facility e-mail address: If the facility has a general e-mail address, enter it here.

II. Management Company Information:

Are you managed by a management company? Check the appropriate answer.

If you answer “no”, skip to the next section.

If you answer “yes”, this section must be completed. The management company name, address, telephone number, fax number, e-mail address and a contact name must be entered.

III. Ownership Information

Enter the names of all Direct and Indirect Owners, as defined below, with an interest of 5% or more in this facility. Enter “D” if the owner is a direct owner or “I” if the owner is an indirect owner. For non-profit facilities, list the name of the non-profit corporation that owns the facility.

A direct owner is the legal entity or individual that is the nursing facility’s owner of record. Enter the name of the corporation, trust, partnership, government agency, sole proprietor or other legal entity that is the legal owner of record.

An indirect owner is any individual or entity that holds a 5% or greater financial interest in the nursing facility direct owner. Enter the name of each stockholder, trust beneficiary, partner or any other individual or entity with such an interest.

The address, phone number and % share must be completed. If available, fax number and e-mail address should also be provided. Attach additional pages if necessary.

INSTRUCTIONS FOR THE NURSING FACILITY OWNERSHIP INFORMATION FORM

IV. Related Facility Information

List the names, VPNs and addresses of any other Massachusetts nursing and/or rest homes in which the owners listed in Section III own, directly or indirectly, an interest of 5% or more. Attach additional pages if necessary.

Owner, Partner, Officer or Administrator Information: Please check all of the information carefully prior to signing this form. Once you are satisfied that the information reported on the form is accurate to the best of your knowledge, sign your name, print the date, print your name and title on the designated lines.